The Bulletin

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WALLACE LUND

In the death of Wallace Lund on December 9th, 1935 the Cornell University Medical College has lost a trusted and able member of its administrative staff, a man who had the devotion and confidence of all those connected with the College.

Mr. Lund was born in Oswego, New York, on June 10th, 1882. On January 1st, 1930 he became the Assistant to the Director of the New York Hospital-Cornell Medical College Association and in March 1932 he was promoted to the position of business manager of the Medical College and Secretary of its Council.

Mr. Lund entered upon these duties after a long and successful career in various activities with the General Education Board and the Rockefeller Foundation.

During this time he served as Secretary to Dr. Wallace Buttrick, President of the General Education Board, Assistant to the President of the International Health Board, did field work in the study of hook-worm problems in the southern States, and was administrative officer of the fellowship service of the General Education Board, in all, twenty-six years of faithful, efficient service.

At the Medical College Mr. Lund was constantly interested in the welfare of the students of whom he often spoke as "the boys and girls", and he did many things to lighten their financial burdens such as the building up of the students' loan fund, and the opening of a student's book store.

This brief summary of the activities of Wallace Lund must not fail to include his fine and sterling qualities of temperament and character. He was a man who profited fully by his long and intimate association with such truly great men as Wallace Buttrick and Wyckliffe Rose and with other fine men of the Rockefeller Foundation group. He will be greatly missed not only because of the efficient and faithful service that he rendered, but also because of his own personal qualities which had endeared him to all those who were his fellow-workers and friends.

148 YEARS AGO

"At a meeting of the Governors of the Hospital in the City of New York in America, held at the Coffee House in said City on Tuesday the 4th Day of December 1787—

The Board being informed that Doctor Richard Bailey who had permission to make use of Rooms in the Hospital, hath lately performed an operation on a Patient, and that the said Patient is now in one of the Rooms and unfit to be Removed.

Ordered that the Doctor be permitted to use the said Room until the further directions of the Committee.

Ordered that John Lawrence and John Murray Junior be added to the Committee to take Care of the Hospital. — That all applications for the Occupation of any Rooms in the Hospital be made to Jacob Watson, John Murray, Lawrence Embree, John Murray Junior, the Committee to take Care of the Hospital; and that they report to the President who is hereby Authorized pursuant to such Reports, to grant Orders. — And that a Copy of this Order be presented, by the Secretary, to the Doctors Bailey, Mitchell and McKnight."

THE RECORD ROOM

The "Sortergraf" is another piece of equipment which puts the Record Department on a par with the up-to-date business office. This apparatus is used for sorting the two thousand records which are returned to the Record Room every night. It is a labor saving device which makes possible the rapid sorting for filing of a large volume of histories.

When the various hospitals combined the old records of the separate institutions were not filed with those originating at this Center. We therefore have a uniformity in our records—all of the same size (8½ by 11 inches), all made up of the same stock of paper, and all bound in flexible manilla folders.

While all histories are not of the same thickness, there is relatively little variation. Our heaviest histories are about one inch thick. Since we use the pneumatic tube system, the great bulk of our records must continue to be of a size and thickness convenient for transportation in tube carriers. This means that as histories become too thick for tube transportation, they will be broken into volumes. The resulting uniformity of our records lends itself to mechanical sorting.

Hand sorting not only requires about twice as much time and labor, but also requires extensive space for so-called "throwing of records." The span of numbers covered must be broken up into number groups and these groups must necessarily spread horizontally along sorting tables. With the "Sortergraf", space is saved by building up the number groups in sky-scraper fashion.

We have two "Sortergraf" units (popularly known as the Record Room rowing machines) each of which consists of a set of four movable trays equipped with number guides. The trays are placed two on either side of an operator's chair with a small counter in front of it. The two clerks who operate the "Sortergraf" sit in the chairs with a pile of histories on the counters in front of them. The records are sorted quickly by placing each behind its appropriate number guide in the trays. Every point on all four trays is within easy reach of the operator, and an experienced clerk knows the guide plan of her machine just as a touch typist knows her keyboard.

Each unit has 600 divisions or numbered tabs, the span of which is gauged according to the activity of the records. The first arm or tray carries 135 tabs and takes care of histories from No. 1 to No. 30,000, with the numbers broken into steps of 500, and 200. All records with history numbers from 1 to 500 fall under the first tab, those from 500 to 1,000 fall under the second tab, those from 1,000 to 1,500 under the third tab, etc. up to 5,000; from here up to 30,000 the steps are 200 digits apart and the records with history numbers from 5,000 to 5,200 fall under one tab, those from 5,200 to 5,400 under the next tab, and those from 5,400 to 5,600 under the next, etc.

The steps decrease to 100, 50, 25, etc. as we approach the more active section of histories, so that the tabs in the eighth and last arm or tray are each but five numbers apart. Yellow and white tabs are alternated for easy and quick detection of the number groups.

Histories can be sorted with an experienced worker in the "Sortergraf" at the rate of 1,100 to 1,200 an hour. During the month of October there were a total of 53,291 records filed, an average of 2,175 per day.

There were but three days in October when our circulation was less than 2,000, the highest being 2,423. We have therefore "rowed" through many a heavy sea with comparative ease and speed for the volume of work handled with the help of the "Sortergraf".

Our next installment will endeavor to acquaint you with the In-patient Admitting Routine.

CENTRAL LABORATORIES

Emergency Laboratory Examinations

A. During Extraordinary Periods.

In planning the organization of the laboratory service in the new hospital there was contemplated a continuous 24-hour service covering all branches of laboratory work. This arrangement was recognized as the ideal since it eliminated the element of divided responsibility, obviated the necessity for any special provision for emergency examinations, was constantly available and, furthermore, it constituted only an enlargement and extension of the emergency service previously in force.

For several years the grouping and compatibility tests for transfusions had been carried out by one highly skilled worker on a continuous 24-hour plan. This was regarded as all the more essential in the old hospital because the active ambulance service made many of the transfusions entirely unpredictable and therefore emergencies in the truest sense of the word. Continuous 24-hour service was not provided for Wassermann or Kline tests because in most instances the emergency was so great it was necessary to use professional donors.

However, the changes which occurred in the economic situation made impossible the execution of these plans and forced upon the organization the adoption of a compromise arrangement which is, in some respects a further departure from the ideal than that which was previously in effect in the old hospital.

According to the plan which is now in effect, the Central Laboratories is providing daily service throughout the year, the laboratory of Bacteriology being open from 10 to 12 on Sundays and holidays, from 9 to 1 on Saturdays and from 9 to 5 on other days, and the laboratory of Applied Pathology being open from 9 to 5 on every day, Sundays and holidays included.

In order to meet the demand for emergency examinations arising at other times than during these laboratory hours, arrangements have been made with some of the clinical services who have agreed to carry out those examinations. A card describing this Laboratory Service during Extra-Laboratory Periods has been placed upon the desk of every head nurse in the hospital. It reads as follows:

LABORATORY SERVICE DURING

EXTRA-LABORATORY PERIODS.
(See *Note)
(5 P.M. to 9A.M.)

I. TRANSFUSIONS

Blood grouping and compatibility tests (also Kline tests on non-professional donors) will be done by the SURGICAL SERVICE.

Resident or Acting Resident of the Service requiring test will call Resident or Asst. Resident-in-charge of the SURGICAL SERVICE.

II. PNEUMOCOCCUS TYPING

Will be done by the MEDICAL SERVICE.

Resident or Acting Resident of the Service requiring test will call Resident or Asst. Resident-in-charge of the MEDICAL SERVICE.

III. BLOOD CHEMISTRY (SUGAR, UREA, CO_2 CAPACITY) will be done by the MEDICAL SERVICE.

Resident or Acting Resident of the Service requiring test will call Resident or Asst. Resident-in-charge of the MEDICAL SERVICE.

IV. AGGLUTINATION TESTS

Blood for such tests will be sent to the Central Laboratories before noon on any day of the year. If sent in later, the test will be done on the following day for typhoid and paratyphoid A and B. In other instances, 24 hours must be allowed for the preparation of the antigen.

V. AMEBIASIS

Microscopic Examination by Residents of Service involved. Send another specimen to Central Laboratories on first following work day.

VI. BACTERIOLOGICAL EXAMS.

Send specimen to Central Laboratories before noon on any day of year.

VII. ASCHHEIM-ZONDEK
OR FRIEDMAN TEST

Apply to Women's Clinic.

**Note*: It is requested that the above examinations be required only in case of actual emergency.

The following explanatory comments should be kept in mind when it is desired to use this service.

1. Since the examining personnel changes from time to time, it is necessary to apply to the Resident or Asst. Resident-in-charge of the Service which is responsible for the examination in order to locate the person who will do the work.

2. It is axiomatic that the number of emergency examinations can be greatly reduced by the exercise of care and foresight. It should be recognized that those carrying out these examinations during extra-laboratory periods are sufficiently occupied with their regular duties and therefore such examinations should be required only in case of actual emergency and whenever possible should be so anticipated so as to be submitted to the laboratory during the regular hours.

3. All such examinations, made during extra-laboratory periods should be reported to the Central Laboratories on the following day so that charge tickets may be made out and a record kept of the result of the examination. Whenever requested the Central Laboratories will be glad to review the results or to repeat the examination and this should always be requested if the results are confusing or appear anomalous.

4. Defects appearing in the operation of this system should be reported to the Director of the Central Laboratories, Ext. 7800, T.S. 14.

5. It is believed that the arrangements described provide for all examinations not regularly carried out by members of the interne staff, that can fairly be described as possibly constituting emergency measures. In case that it is desired that other examinations be added to this list, application should be made to the Director of the Central Laboratories, Room F-413, giving the reasons why the application is made.

6. The Central Laboratories is asked at frequent intervals how it is possible to have emergency examinations made when the laboratories are closed, so that it is apparent that not all nurses in charge are familiar with the contents of this card.

It is urged, therefore, that nurses familiarize themselves with these directions and if necessary keep the card in a conspicuous position. If the card has been lost a new one may be obtained by telephoning the Central Laboratories. Ext. 7800.

B. During Laboratory Periods

When emergency examinations are desired during the regular laboratory hours, the specimen should be taken directly into the laboratory and handed to one of the technicians—*not* placed in the refrigerator outside where it might remain undiscovered for some time.

Since many of the examinations require an hour or more for their completion, it is necessary that specimens for emergency examination should *reach the laboratory* not later than 4:30 P.M. Later than this time specimens will be regarded as originating during extra-laboratory periods and the examination will be arranged for as described above.

It is urged that, so far as possible, the need for emergency examinations be anticipated and that specimens be submitted to the laboratory between 9:00 A.M. and 4:30 P.M. Such procedure will relieve to some extent the demands made upon the interne staff and permit the regular supervision and recording accorded the routine laboratory work.

THE PORTRAITS

Many inquiries have been received concerning the portraits which line the walls of the Corporation wing. Brass plates attached to the heavy frames tell the name of the sitter, when he lived and his connection with the Hospital as Governor or Physician.

But curiosity seeks more information, and this the Bulletin will endeavor to supply, treating each month the life of one or more individuals. In following this series it may be of interest to recall that the Hospital portraits as a whole are said to be one of the finest collections of American portraiture in the city of New York.

It seems fitting that the first sketch should deal with the first President of the Board of Governors of the Society of the New York Hospital, Mr. John Watts.

The portrait of Mr. Watts hangs on the lower west end of the double row of portraits which lines the north wall of the Board of Governors' Room. The plate tells us that he was President of the Board from 1770 until 1784, but ventures no further information. The portrait is by an unknown artist, but the type of canvas used shows clearly that it was painted during Mr. Watts' life-time, and from his history we may gather that it antedates the Revolution.

Mr. Watts, like so many of his successors, was born in New York, the exact date being April 5, 1716, when the Colonies seemed to be destined to a contented eternity as a part of the British Empire. His early life left no record, but we find that he married Ann, daughter of Stephan Delancey in 1742, when Washington was barely ten years old, and General Braddock was still a decade and more away from his final disaster.

During the years that followed, when the Colonies were chiefly occupied with trade and with beating off the threat of the ever restless French and their Indian allies, Mr. Watts played a prominent part in the growth of New York. His contemporaries record that he was a man of means, of high character and of a keen and cultivated mind. Public life held a strong interest for him and he served as member of the Provincial Assembly and later—from 1757 to 1775—was elevated to His Majesty's Council, later becoming President of the latter body.

When the question first arose concerning the founding of a hospital in New York, Mr. Watts became a charter member of the Society of the New York Hospital, and, as plans matured, its first President. When the Revolution broke out, he was torn between loyalty to the Crown and to the Colonies, but older allegiance won out, and when the British troops evacuated New York, Mr. Watts left with them and settled in England.

An Act of the legislature of the State of New York made his exile permanent, for on October 22, 1779, he was "attainted and convicted of high treason; he was forever banished; and it was provided that should he be at any time found within the State, he should suffer death without benefit of clergy."

Again the records fail in dealing with Mr. Watts' exile, but it is established that he died in Wales in the year 1789, and was buried in St. Olave's Church in London. That he was held in esteem by those among whom he passed his last years is evidenced by the following inscription on his memorial tablet in St. Olave's:

> Sacred to the Memory
> of John Watts, Esq.,
> Formerly President of the Council
> at New York in North America
> when that Country was subject to
> the British Government.
> He died the 15th day of August, 1789,
> in the 75th year
> of his age.

A photograph of this tablet, presented by the late Mr. Howard Townsend, himself a former president of the Board, hangs in the President's room, G-118.

PLASTIC SURGERY

The Department of Surgery announces the opening of a special clinic devoted to the care of cases demanding plastic surgery.

This branch of surgery deals with the repair of defects and malformations, whether congenital or acquired, and with the restoration of function and the improvement of appearance.

The clinic has been established because of the apparent need for it occasioned by the many requests from patients and doctors for such a department.

The clinic meets on K-5 from 9 to 12 A.M. on Tuesday and Friday mornings. Cases which fall under the direction of this special clinic should be referred either directly on admission or by refer from other clinics.

EMPLOYEES DANCE

On Thanksgiving Eve the Annual Dance of the Hospital Employees was held on the Second Floor of the Power House.

This celebration, while always well attended, surpassed all previous records, there being fully 1,000 guests present.

Twenty holders of lucky numbers received turkeys which were donated for the occasion by members of the executive, professional and administrative staffs of the Hospital.

Much credit is due to the Committee, composed of Mr. W. W. Downey, Miss W. Hardenburg, and Mr. W. J. Casey, for having made the occasion such a great success.

NOTICES

The Corporation Offices maintain a complete file of members of the professional staff of the Hospital. In order that this file may be kept up-to-date and accurate, it will be greatly appreciated if members will give prompt notification of any change of address, whether of home or office. Such notification should be sent to room G-111.

Marie Curie Avenue along the East River waterfront between 63rd and 70th Streets is to be beautified with a promenade and trees under a plan just announced by the Park department. On the riverfront there will be a 50-foot esplanade which will be flanked by rows of trees. There will be a 40-foot roadway for vehicles and to the west of this roadway will be an 18-foot side-walk. The promenade will be equipped with benches. This will end the unloading of coal along this section.

VISITORS

Recent visitors to the Hospital included Dr. Joseph Brenneman of Chicago; Dr. N. J. Eastman, Professor of Obstetrics at Johns Hopkins; Dr. Ethel C. Dunham, Director of Division of Research in Child Development in the United States Children's Bureau, Washington, D. C.; Dr. Hernán Romero, Chilean Consul-General in New York; Dr. Eugenio Cienfuegos and Dr. Alfonso Costa of Santiago, Chile.

Dr. H. A. Chamberlin, Prof. of Urology, Tufts Medical School, Boston, Mass. Dr. G. J. Thompson, Head of Department of Vesical Neck Resection at the Mayo Clinic, Rochester, Minn. Dr. T. Leon Howard, Denver, Colo. Dr. Bruce McWilliams, Holdenville, Oklahoma. Dr. Edward Levine, Newark, N. J.

DEPARTMENT OF SURGERY

SURGICAL SUPPLY ROOM

In the rush of daily activity about the pavilions of this hospital, few of the members of the professional staff and personnel realize the amount of work which is carried out in the Surgical Supply Room, located on the tenth floor of the Main Building.

Supply Room is really a misnomer since the space allotted to this department actually makes up a suite of six rooms. There is a store room in which the raw materials are kept. From here they are requisitioned to the work room where the supplies are prepared and packed for sterilization.

Each day, in these rooms, 827 packages of gauze articles are made up; 300 pairs of rubber gloves are tested, mended and powdered; 70 steel drums, containing sterile articles, are packed; 60 infusion sets and 8 blood transfusion sets are cleaned, 274 flasks of solutions are prepared and each of these items is sterilized.

This work is accomplished by a staff which consists of one head nurse, one graduate nurse, five attendants, one full time day orderly and one half-time night orderly. The combined efforts of this staff represents 1,768 hours of labor per month.

After the goods are packed and made ready for sterilization in the "work room", they are taken to the "unsterile" autoclave-room where the autoclaves are loaded.

The floor plan here is ideal since the three sterilizers are built into the wall and are equipped with openings at the back which communicate with the "sterile" rooms where supplies are unloaded.

This affords the advantage that sterilized packages are never confused with unsterilized ones. In addition, it allows for the assignment of employees so that those who handle the sterilized packages do not attend to any duties in the "unsterile" room.

From the "sterile" autoclave room the prepared packages and flasks are removed to another "sterile" room, where 28 cupboards are available for storing. In the "solution" room, the sixth of the suite of rooms, flasks of saline for intravenous use are prepared and the sets are cleaned.

These are the four rooms in which the sterile goods for the entire hospital are prepared. Thirty-two pavilions are supplied by this department.

The technique of sterilization is of interest. Steam is supplied directly from the Power House. Goods are exposed to 250° F. for a required time at 18 pounds of chamber pressure. (The time period varies from fifteen to forty-five minutes depending on the content of the package being sterilized.) The jacket is heated at 58 pounds pressure and the autoclaves are loaded in the "unsterile" room. Sterilometers and Diack controls are attached at fixed places in the packages or drums.

These controls are indicators which show by color change on inspection after sterilization, that the temperature desired for sterilization within each package or drum has actually been achieved. The huge iron doors of the sterilizers are closed and locked. The pressure and steam are turned on.

For dry goods "vacuum" is used. After the allotted time-period the large iron doors in the "sterile" room are unbolted and the supplies are removed. They are given a final check with blue chalk and stored in cupboards so that they may be held in readiness for the never-ending requirements of the pavilions.

In the organization of the department work the pavilions are requested to return empty drums, flasks and used sets from 9-10 A.M. and to call for the sterilized ones at 4:30-5:30 P.M. Sterilization is actually in process for 23 hours of each day.

The Surgical Supply Room has encouraged the interest of all of its employees, especially along the line wherein the introduction of a new idea may effect an increase in efficiency or a decrease in cost. One of the graduate nurses made the suggestion that the sterile goods be wrapped in paper rather than in twill covers.

This idea was developed because of the excessive cost of laundering the covers. Laundry charges were at the rate of 3½ cents a pound for twill covers. The use of paper covers for the packages effected an annual saving of approximately $2,600. An additional advantage was discovered in that the paper covers have been found to be more impervious to water than the fabric one; hence there is less chance for a sterilized package to become unsterile.

Another idea introduced by a graduate nurse was that of using cellophane for closing solution flasks. Cellophane was used to take the place of the former cap made of gauze, cotton and paper. The new cellophane caps do away with the danger of contamination from lint and the solutions do not become unsterile when the flasks are accidentally tilted or when water contacts the caps from the outside. In addition, the new cellophane caps are applied in much less time than the old type. By this innovation it is estimated that approximately $800 annually are saved.

One of the orderlies in the Surgical Supply Room, James Newman, devised an apparatus for powdering rubber gloves. The machine is so planned that a number of gloves can be powdered in one operation without waste of time, loss of powder and contamination of the atmosphere in the room. The powdering of the rubber gloves is a necessary step in their preparation for sterilization, since it is demanded in operating room technique that the sterile gloves be easily slipped on and off the hands.

In the preparation of 300 pairs of gloves a day contamination of the atmosphere has been considered a very real problem in regard to the comfort and the health of the workers.

The apparatus which has been in use in the Surgical Supply Room was made from wood scraps obtained in the hospital's carpenter shop. The apparatus is hand operated and is enclosed in a wooden box so that contamination of the surrounding atmosphere is no longer a problem. It is particularly adapted to use in large hospitals where a great number of rubber gloves are needed for daily use.

ETHYLENE

This month we round out the 5000th operation, since the opening of New York Hospital on September 1, 1932, in which Ethylene has been used as an anaesthetic agent.

This unduly maligned gas has proven its safety, reliability and dependability exactly as I anticipated from my previous use of Ethylene in several thousand cases at the old New York Hospital between 1925 and 1932.

Of course all precautions are taken to avoid anything which may lead to an explosion or other type of trouble, and I wish to take this opportunity to express my thanks and appreciation to the operating room personnel for their willing co-operation and cheerful help in carrying out the rules which we have promulgated.

1. Our Ethylene is given only in a highly humid atmosphere, obtained either by running the gas through water, or by use of the carbon-dioxide absorber machine which retains the moisture of the patient's respiration.
2. No cautery, high frequency machine or alcohol lamp is permitted in the operating room during an Ethylene anaesthesia.
3. No smoking is permitted.
4. The anaesthetic machine is grounded.
5. Rubber heeled shoes are worn.
6. No lights are turned on or off, nor any plug pulled from any wall receptacle during an Ethylene anaesthesia, nor afterward, until the room has been thoroughly ventilated, the ventilating system being kept in continuous operation.

Ethylene has the advantage that by its use, the patient is relieved in a large measure of the nausea and vomiting usually associated with an anaesthetic. The return to consciousness is almost instantaneous when no Ether has been used.

In all cases, due to the smaller amount of Ether required, the return to consciousness is more rapid than with Ether anaesthesia.

The larger amount of Oxygen used with Ethylene, together with the greater muscular relaxation obtained, makes it altogether more desirable than Nitrous-oxide.

HELIOTHERAPY

Carefully controlled experiments reveal that the life and growth of living tissue may be favorably influenced by sunlight. Clinically the use of sunlight during the past thirty years justifies confidence, and offers encouragement for the future. The usefulness of this form of treatment is restricted because continuous sunlight is lacking in many localities during the winter months and is uncertain in summer, while its intensity and spectral characteristics both undergo hourly variations over which there is no control.

When depending upon this source of radiation patients progress during the summer months but the good accomplished is greatly diminished by the cessation of radiation during the winter months. With the many so-called "sun lamps" being sold today, divers opinions are expressed with regard to the most desirable source of artificial radiation.

Patients suffering from certain forms of tuberculosis, secondary anemia and long standing infections are included in the long list of disorders in the treatment of which light therapy has been found to be valuable. In addition, it is known that the light rays exert a beneficial effect on wound healing in that their action not only is bactericidal but also is stimulating to tissue growth.

Thus, it is felt that many cases actually show a decrease in the number of hospital days as result of an increased rate of wound healing.

Because this form of treatment is considered such a valuable adjunct in the handling of chronic surgical cases, two of the surgical pavilions, H-7 and G-7, were designed to house large light therapy lamps. High Intensity Carbon Arcs have been installed in them. Requests for this type of treatment, however, come from practically all of the clinical departments of the hospital.

The organization of the heliotherapy division under the direction of the departments of Surgery and Physical Therapy has been worked out so that treatments are given on H-7. In addition, Mercury in Quartz lamps are also available as a source of ultraviolet radiation. Treatments with these lamps are given on L-7. This variation of light therapy is especially applicable in the treatment of diseases of the skin.

Heliotherapy is available to private, semi-private, pavilion and clinic out-patients. A special installation on floor K-11 is reserved for the appointments of private patients.

The records of the department show that approximately 300 treatments are given each week. High Intensity Carbon Arc and Mercury Quartz lamps are the sources used.

DEPARTMENT OF UROLOGY
JAMES BUCHANAN BRADY FOUNDATION

On January 15th, 1936, the Department of Urology, James Buchanan Brady Foundation of the New York Hospital, will celebrate the 15th anniversary of its opening.

It is planned to have a clinic in the afternoon from 1:30 P.M. until 5 P.M., consisting of surgical operations, presentation of interesting and unusual cases, demonstration of new methods, exhibiton of urological pictures of operations and interesting pathological specimens.

Following a dinner at the Yale Club a program will be presented at the Academy of Medicine. One of the members of the staff will read a paper about the Brady Foundation and urology in the New York Hospital.

Dr. Colin Luke Begg, one of the pioneers in urology in this city, will present a paper telling of the incidents which led up to the Foundation of the American Urological Association.

Dr. Wm. N. Wishard, who is one of the oldest and most distinguished of the early pioneers in this country, will address the Society on the development of Vesical Neck Resection.

BLOOMINGDALE HOSPITAL

In a mental hospital many recreations are carefully organized because of their therapeutic values. Probably in any kind of hospital entertainment lifts the patient's mood and therefore is a therapeutic event; in a hospital where the chief problems center around the mood and attitude of the patient such matters assume still greater importance.

At Bloomingdale Hospital card parties, salmagundi parties, concerts and other cultural gatherings are much appreciated. To the younger patients—and some of the older—the dances seem especially helpful and every effort is made to organize them in such a way that they will be thoroughly enjoyed. With the return of cool weather such programs have been resumed. Outdoor activities such as golf and softball are still possible in the mild weather.

As the neighborhood of the Hospital became more thickly settled and as speedy transportation made it easy for persons to come to it the Hospital found a modern fence essential for protection of the grounds and the freedom of the patients in sports and walking. Of the many miles of fencing on the grounds a section of outside iron fence about two miles long has been painted this autumn.

The Medical Society of the County of Westchester held its annual session at Bloomingdale Hospital, November 19th, and will meet there throughout the winter.

The Westchester Hospital Association met at Bloomingdale Hospital on November 14th. After the business session a member of the staff gave a talk on admissions to Bloomingdale Hospital from Westchester County.

DEPARTMENT OF PEDIATRICS

Members of the staff of the Children's Clinic joined members of the Babies' Hospital and of the Children's Memorial Hospital of Philadelphia in a visit to the Harriet Lane Home at Baltimore, where an interesting one-day program of clinical and research papers was presented.